

<i>SERFF Tracking Number:</i>	<i>ZURC-125499551</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Assurance Company of America, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CW-ML-27056</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0002 Businessowners</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>CW-ML-27056 - Precision American/Premier Program Endorsement Filing</i>		
<i>Project Name/Number:</i>	<i>CW-ML-27056/CW-ML-27056</i>		

Filing at a Glance

Companies: Assurance Company of America, Northern Insurance Company of New York, Maryland Casualty Company		
Product Name: CW-ML-27056 - Precision	SERFF Tr Num: ZURC-125499551	State: Arkansas
American/Premier Program Endorsement Filing		
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 05.0002 Businessowners	Co Tr Num: CW-ML-27056	State Status: Fees verified and received
Filing Type: Form	Co Status: Not Applicable	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Deborah Freeman	Disposition Date: 03/05/2008
	Date Submitted: 02/26/2008	Disposition Status: Approved
Effective Date Requested (New): 06/01/2008		Effective Date (New): 06/01/2008
Effective Date Requested (Renewal): 08/01/2008		Effective Date (Renewal): 08/01/2008

State Filing Description:

General Information

Project Name: CW-ML-27056	Status of Filing in Domicile: Pending
Project Number: CW-ML-27056	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 03/05/2008	
State Status Changed: 03/05/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Precision American/Premier Program Endorsement Filing	

SERFF Tracking Number: ZURC-125499551 State: Arkansas
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 Company Tracking Number: CW-ML-27056
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: CW-ML-27056 - Precision American/Premier Program Endorsement Filing
 Project Name/Number: CW-ML-27056/CW-ML-27056

Company and Contact

Filing Contact Information

Deborah Freeman, Product Analyst deborah.freeman@zurichna.com
 1400 American Lane (847) 605-4238 [Phone]
 Schaumburg, IL 60196-1056 (847) 605-7768[FAX]

Filing Company Information

Assurance Company of America	CoCode: 19305	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 13-6081895	

Northern Insurance Company of New York	CoCode: 19372	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 13-5283360	

Maryland Casualty Company	CoCode: 19356	State of Domicile: Maryland
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 52-0403120	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: State Filing Fees Apply.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assurance Company of America	\$50.00	02/26/2008	18164017
Northern Insurance Company of New York	\$0.00	02/26/2008	

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Maryland Casualty Company	\$0.00	02/26/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/05/2008	03/05/2008

SERFF Tracking Number:	ZURC-125499551	State:	Arkansas
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Company Tracking Number:	CW-ML-27056		
TOI:	05.0 Commercial Multi-Peril - Liability & Non- Liability	Sub-TOI:	05.0002 Businessowners
Product Name:	CW-ML-27056 - Precision American/Premier Program Endorsement Filing		
Project Name/Number:	CW-ML-27056/CW-ML-27056		

Disposition

Disposition Date: 03/05/2008
 Effective Date (New): 06/01/2008
 Effective Date (Renewal): 08/01/2008
 Status: Approved
 Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: ZURC-125499551 State: Arkansas

First Filing Company: Assurance Company of America, ... State Tracking Number: EFT \$50

Company Tracking Number: CW-ML-27056

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners Liability

Product Name: CW-ML-27056 - Precision American/Premier Program Endorsement Filing

Project Name/Number: CW-ML-27056/CW-ML-27056

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Form	Food Contamination	Approved	Yes

SERFF Tracking Number: ZURC-125499551 State: Arkansas

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Company Tracking Number: CW-ML-27056

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners Liability

Product Name: CW-ML-27056 - Precision American/Premier Program Endorsement Filing

Project Name/Number: CW-ML-27056/CW-ML-27056

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Food Contamination	9S1106	02 08	Endorsement New nt/Amendment/Conditions		45.40	9S1106 0208 - Food Contamination Endorsement.pdf

Food Contamination



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

Building And Personal Property Coverage Form

SCHEDULE

Food Contamination Limit of Insurance	
Food Contamination Deductible	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. The following is added to **COVERAGE** Section III.
ADDITIONAL COVERAGES:

Food Contamination -

1. If your business at the "described premises" is ordered closed by the Board of Health or any other governmental authority as a result of the discovery or suspicion of "food contamination", we will pay:
 - a. Your expense to clean your equipment as required by the Board of Health or any other governmental authority;
 - b. Your cost to replace the food, which is, or is suspected to be, contaminated;
 - c. Your expense to provide necessary medical tests or vaccinations for your infected employees. However, we will not pay for any expense that is otherwise covered under a Workers' Compensation Policy;
 - d. Additional advertising expenses you incur to restore your reputation; and
 - e. The actual loss of "business income" you sustain due to the necessary suspension of your "operations". The coverage for "business income" will begin 24 hours after you receive notice of closing from the Board of Health or any other governmental authority.

2. We will not pay any fines or penalties levied against you by the Board of Health or any other governmental authority as a result of the discovery or suspicion of "food contamination" at the "described premises".
3. The most we will pay under this Additional Coverage for the sum of all loss or damage occurring during each separate 12-month period of this policy is \$10,000, unless a higher Food Contamination Limit of Insurance is indicated in the Schedule of this endorsement. This limit applies regardless of the number of "described premises" involved.
4. We will not pay for loss or damage under this Additional Coverage until the amount of loss or damage exceeds \$250, or a higher Food Contamination Deductible if indicated in the Schedule of this endorsement. We will then pay the amount of loss or damage in excess of this deductible, up to the limit shown in paragraph 3. above.

B. The following is added to **DEFINITIONS:**

"Food Contamination" means an incidence of food poisoning to one or more of your customers as a result of:

1. Tainted food you purchased;
2. Food which has been improperly stored, handled or prepared; or
3. A communicable disease transmitted through one or more of your employees.

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Rate Information

Rate data does NOT apply to filing.

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Company Tracking Number: CW-ML-27056
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: CW-ML-27056 - Precision American/Premier Program Endorsement Filing
Project Name/Number: CW-ML-27056/CW-ML-27056

Supporting Document Schedules

Review Status:
Satisfied -Name: Uniform Transmittal Document- Property & Casualty **Approved** 03/05/2008
Comments:
Attachment:
NAIC PC TD-1.pdf

Review Status:
Satisfied -Name: Cover Letter **Approved** 03/05/2008
Comments:
Attachment:
Cover Letter - Form - SERFF.pdf

Review Status:
Satisfied -Name: Explanatory Memorandum **Approved** 03/05/2008
Comments:
Attachment:
Explanatory Memorandum.pdf


Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Zurich North America				Group NAIC #	212
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Assurance Company of America	NY	19305	13-6081895			
Maryland Casualty Company	MD	19356	52-0403120			
Northern Insurance Company of New York	NY	19372	13-5283360			

5. Company Tracking Number	CW-ML-27056
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Deborah A. Freeman 1400 American Lane Schaumburg, IL 60196	Product Analyst	(847) 605-4238	(847) 605-7768	deborah.freeman@zurichna.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Deborah A. Freeman		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	5.0000			
10. Sub-Type of Insurance (Sub-TOI)	5.0002			
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)	Precision America/Premier Program			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	06/01/2008	Renewal:	08/01/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing	02/26/08			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CW-ML-27056
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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This filing is intended to introduce a new commercial property endorsement with corresponding usage rules that applies to the Precision Premier and America policies. This optional endorsement is based upon ISO's Food Contamination Endorsement BP 0431.

The Food Contamination endorsement provides coverage for the following if the described premises is ordered closed by the Board of Health or any other governmental authority as a result of the discovery or suspicion of food contamination:

1. Your expense to clean your equipment as required by the Board of Health or any other governmental authority;
2. Your cost to replace the food, which is, or is suspected to be, contaminated;
3. Your expense to provide necessary medical tests or vaccinations for your infected employees not covered under a Workers' Compensation Policy;
4. Additional advertising expenses you incur to restore your reputation; and
5. The actual loss of business income you sustain due to the necessary suspension of your operations. The coverage for business income will begin 24 hours after you receive notice of closing from the Board of Health or any other governmental authority.

Food contamination means an incidence of food poisoning to one or more of your customers due to tainted food you purchased; food which has been improperly stored, handled or prepared; or a communicable disease transmitted through one or more of your employees. No coverage is provided for associated fines or penalties levied against you.

Coverage is provided in the amount of \$10,000 for the sum of all such loss or damage occurring during each separate 12-month period of this policy. This limit applies regardless of the number of described premises involved. A \$250 deductible applies to this coverage.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: N/A - EFT Transmission
Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CW-ML-27056
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	CW-ML-27056

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Food Contamination	9S1106 (Ed. 02/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1



February 26, 2008

VIA SERFF FILING

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
Property and Casualty Division
1200 West Third Street
Little Rock, AR 72201-1904

**Reference: Commercial Multi-Peril Filing
Precision American/Premier Program Endorsement Filing
Maryland Casualty Company NAIC #212-19356
Assurance Company of America NAIC #212-19305
Northern Insurance Company of New York NAIC #212-19372
Company File # CW-ML-27056**

Zurich North America

1400 American Lane
Schaumburg, Illinois
60196-1056

Telephone: (847) 605-4238

Facsimile: (847) 605-7768

Internet :

www.deborah.freeman@zurichna.com

Dear Honorable Bowman:

In accordance with the filing requirements of your state, we hereby submit for your review and approval the following endorsement on behalf of the above referenced companies:

- 9S1106 (02/08) - Food Contamination Endorsement

For your reference, the Explanatory Memorandum which has been included with this submission provides further clarification of the filing. The corresponding coverage rules have been submitted under a separate cover.

We request that this filing becomes effective on June 1, 2008 for new business and August 1, 2008 for renewal business.

This filing is being submitted electronically through SERFF. If you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Sincerely,

Deborah A. Freeman
Product Analyst
Regulatory Services
(847) 605-4238
(847) 605-7768 (FAX)
www.deborah.freeman@zurichna.com

**EXPLANATORY MEMORANDUM
PRECISION PREMIER
PRECISION AMERICA**

Food Contamination – 9S1106

Purpose of this filing:

This filing is intended to introduce a new commercial property endorsement with corresponding usage rules that applies to the Precision Premier and America policies. This optional endorsement is based upon ISO's Food Contamination Endorsement BP 0431.

The Food Contamination endorsement provides coverage for the following if the described premises is ordered closed by the Board of Health or any other governmental authority as a result of the discovery or suspicion of food contamination:

1. Your expense to clean your equipment as required by the Board of Health or any other governmental authority;
2. Your cost to replace the food, which is, or is suspected to be, contaminated;
3. Your expense to provide necessary medical tests or vaccinations for your infected employees not covered under a Workers' Compensation Policy;
4. Additional advertising expenses you incur to restore your reputation; and
5. The actual loss of business income you sustain due to the necessary suspension of your operations. The coverage for business income will begin 24 hours after you receive notice of closing from the Board of Health or any other governmental authority.

Food contamination means an incidence of food poisoning to one or more of your customers due to tainted food you purchased; food which has been improperly stored, handled or prepared; or a communicable disease transmitted through one or more of your employees. No coverage is provided for associated fines or penalties levied against you.

Coverage is provided in the amount of \$10,000 for the sum of all such loss or damage occurring during each separate 12-month period of this policy. This limit applies regardless of the number of described premises involved. A \$250 deductible applies to this coverage.